PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

Application Number 10/763819-Conf. #5026 Filing Date January 23, 2004 First Named Inventor Tao Deng, et al. Art Unit 1756 Examiner Name Kathleen Duda Attorney Docket Number H0498.70130US01

	. EN	ICLOSURES (Check all that	t appl	y)			
X Fee Transmittal Form		Drawing(s)		After Allowance Communication to TC			
X Fee	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendmer	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Addre	ress	Status Letter			
x Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Express Abandonment Request		Request for Refund	Response to Restriction Requirement				
Information Disclosure Statement		CD, Number of CD(s)	_				
Certified Copy of Priority Document(s)		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application		Remarks					
	y to Missing Parts under FR 1.52 or 1.53						
	SIGNAT	URE OF APPLICANT, ATTORNE	Y, OR	AGENT			
Firm Name	WOLF, GREENFIEL	D & SACKS, P.C.					
Signature	R						
Printed name	Robert H. Walat						
Date	April <u>74</u> , 2006	Reg	g. No.	46,324			

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PTO/SB/17 (12-04v2)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/763819-Conf. #5026 **Application Number TRANSMITTAL** January 23, 2004 Filing Date Tao Deng, et al. First Named Inventor For FY 2005 **Examiner Name** Kathleen Duda Applicant claims small entity status. See 37 CFR 1.27 1756 Art Unit H0498.70130US01 TOTAL AMOUNT OF PAYMENT 60.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below

Charge any a fee(s) under	dditional fee(s	s) or underpay and 1.17	ment of	x Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FE	ES					
		G FEES	SEAR	CH FEES	EXAMIN.	ATION FEES		,
Application Type	Small Entity Fee (\$) Fee (\$)		Small Entity Fee (\$) Fee (\$)		Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includ	ing Reissues))					50	25
Each independent claim over 3 (including Reissues)			200	100				
Multiple dependent claims							360	180
Total Claims			Itiple Depende	ent Claims	2			
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				-0				
Indep. Claims Extra		ee (\$)	Fee Pai	d (\$)				
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3. APPLICATION SIZE FEI	_	1.100 -1		.1. 111				
If the specification and dra listings under 37 CFR								
sheets or fraction there					or small ch	ility) for each a	dumonai .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total Sheets E	xtra Sheets	Number	of each add	itional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
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4. OTHER FEE(S)			Fees	Paid (\$)				
Non-English Specificati	on, \$130 fee	e (no small en	tity discou	nt)				
Other (e.g., late filing surcharge): One month extension				ε	0.00			
SUBMITTED BY								

SUBMITTED BY	1					
Signature	V)		Registration No. (Attorney/Agent)	46,324	Telephone	(617) 646-8291
Name (Print/Type)	Robert H. Wala	at	_		Date	April 24, 2006
				•		

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